

MEMORIAL / CELEBRATION REQUEST

PERSON HONORED: _____ **DATE** _____

IN MEMORY OR **IN CELEBRATION** (CIRCLE ONE)

DONATED BY: _____

ADDRESS _____

CITY STATE ZIP _____

PHONE _____

PERSON TO NOTIFY: _____

ADDRESS _____

CITY STATE ZIP _____

PHONE _____

AREAS OF INTEREST _____

ITEMS WILL BE PURCHASED AT THE DISCRETION OF THE LIBRARY DIRECTOR TO REFLECT LIBRARY NEEDS.

AMOUNT RECEIVED \$ _____ **STAFF INITIALS** _____ **TREASURER INITIALS** _____

~~~~~ STAFF: WHITE COPY TO FRIENDS OF THE LIBRARY, YELLOW COPY TO LIBRARY DIRECTOR ~~~~~

| FRIENDS OF THE LIBRARY                                     | TITLES   |
|------------------------------------------------------------|----------|
| <input type="checkbox"/> Thank You to Donor _____          | 1. _____ |
| <input type="checkbox"/> Letter to Family _____            | 2. _____ |
| <input type="checkbox"/> Items placed on Holds Shelf _____ | 3. _____ |
| <input type="checkbox"/> Card Mailed _____                 | 4. _____ |
|                                                            | 5. _____ |
|                                                            | 6. _____ |